

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587987

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1					
2						
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	51					
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 101 587987	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101				1			151						
102				1			152						
103			1				153						
104				1			154						
105			1				155						
106				1			156						
107				1			157						
108		1					158						
109				1			159						
110							160						
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117							167						
118		1					168						
119				1			169						
120					1		170						
121			1				171						
122				1			172						
123					1		173						
124							174						
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126							176						
127							177						
128							178						
129		1					179						
130				1			180						
131					1		181						
132							182						
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136							186						
137							187						
138							188						
139		1			1		189						
140				1			190						
141			1				191						
142							192						
143							193						
144							194						
145							195						
146							196						
147							197						
148							198						
149							199						
150							200						
TOTAL IND.		↓	11		↓		TOTAL IND.		↓			↓	
TOTAL DEP.		←	46	←		←	TOTAL DEP.		←	←		←	
TOTAL CLAIMS			57				TOTAL CLAIMS						